

## Level Of Anxiety And Depression Among The Wives Of Drug Abusers

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### Abstract

The main objective of the present study is to make a comparative study of the wives of drug abusers, on their anxiety and depression with regard to wives of non-drug abusers. Further an effort was made to study the age, education, social status, employment status, income, status in house, relationship with husband and interest in social activities and the impact of all these variables on the emotional and behavioral patterns of the drug abusers' wives. The total sample consists of 200 subjects out of whom 100 are wives of drug abusers and 100 are wives of non-drug abusers. The design of the present study is descriptive. The salient findings of the present study may be summarized as the anxiety and depression have been found significantly different between wives of drug abusers and non-drug abusers.

### تلخیص مقالہ

موجودہ مطالعہ کا بنیادی مقصد منشیات استعمال کرنے والے افراد کی بیویوں میں پائے جانے والی بے چینی اور مایوسی کا ان بیویوں سے تقابلی جائزہ لینا ہے جن کے شوہر منشیات استعمال نہیں کرتے اس کے علاوہ مختلف متغیرات (مثلاً عمر، تعلیم، سماجی حیثیت، ملازمت کی نوعیت، آمدنی، ازدواجی تعلقات اور سماجی سرگرمیوں میں شمولیت) کا ان خواتین کے جذباتی و کرداری رویوں سے تعلق کو بھی معلوم کیا گیا ہے۔ اس سلسلے میں ۲۰۰ خواتین سے معطیات حاصل کئے گئے جن میں سے ۱۰۰ خواتین کے خاوند منشیات استعمال کرتے تھے جبکہ باقی ۱۰۰ خواتین کے شوہر اس لعنت سے دور تھے۔ اس تحقیق کے نتائج کا مختصر خلاصہ کچھ یوں کیا جاسکتا ہے کہ منشیات استعمال کرنے والے افراد کی بیویوں میں بے چینی اور مایوسی کی شرح خطرناک حد تک زیادہ پائی گئی جس کی وجہ سے ایسے گھرانے شدید معاشی، اخلاقی، سماجی و جذباتی بد حالی سے دوچار دکھائی دیکر گئے۔

**Key Words:** Drug, Addiction, Dependency, Anxiety, Depression

## Introduction

Drug addictions have been in use throughout the world for millennia. Although only a minority of consumers is adversely affected, heavy consumption can cause untold misery, such as the disruption of the family, long term effects in the children, wife and the burden on the community as the drug abusers working efficiency and ability to support himself and his family decreases. "Excessive use of drugs is liable to cause profound social disruption particularly to the family, marital and family tension is virtually inevitable (Amey & Albrecht, 1998)." The wives of drug abusers are likely to become anxious, depressed and socially isolated (Cummings & Keller, 2005).

Drug addiction is often termed the family illness, referring to the tremendous impact an active drug user has on those around him. According to Patterson and Kaufman (1982) addiction is an economic drain on family resources, threatens job security, interrupts normal family tasks, causes conflicts, and demands adaptive responses from family members who do not know how to respond appropriately. This situation will increase tension and stress, which may make the family members, especially wives and children desperate, angry, frustrated, nervous, afraid and guilty (Griffin, et.al, 2000). In many ways they start behaving like the addict.

The interaction patterns in addicted person's families are also very strained. As a result marital disruptions, disrupted family rituals, poor cohesion, expressiveness and recreational orientation, difficulties in communication and effective involvement and lack of clean hierarchical boundaries are common in these families (Haggard-Grann, et.al, 2006).

The adverse effect of drug usage on wives and children reported by Hoffman & Johnson (1998) reveals its evil effects. The wives develop disturbed personality structure or maladaptive behaviors. They will become neurotic, psychologically maladjusted, domineering, sadistic, hostile, frustrated, quarrelsome, and agitated. They try to withdraw from the society, lose interest in life, and take all the responsibilities upon their shoulder. The consistent overburden may lose their psychological balance. Deprived of attention and love, children's long for aspirations remain incomplete. Consequently children may have trauma, stress and will be depressed. Conduct behavior problems and hyperactivity are usually seen more among children of drug abusers. Their inner conflicts may orient them to express malpractice and even show tendencies to deviant characters. Moreover, whatever the degree of dysfunction, emotional abuse is always present (Lee, Burkam, Zimiles & Ladewski, 1994).

The real functioning of the family is lacking in all addicted set up, because their families are less cohesive, less expressive, independent and less structured Also the families are

having male-conflict and being less involved in cultural, intellectual and recreational activities. They share four prevalent problems. They are altered communication problems, role difficulties, poor sexual interaction and aggressive behavior. For this, McArdle, et al (2002) indicated that families have to go through five stages, namely (1) denial behavior (2) control attempts (3) disorganization (4) disassociation (5) making choices, stay with or separate from family unit.

Thus crisis in family becomes system crisis. This crisis and the response to it are not maladaptive but, in fact, are an attempt at adaptation serving to ward off deep unconscious depression, anxiety, or even underlying psychotic processes (Rappaport, 1970). Besides these psychological consequences, drug addiction creates physical consequences and most notably sexual impotence or dysfunction, which in turn produces further marital conflict (Patterson and Kauffman, 1982). Unsatisfied marital relationships force the wives to withdraw or disengage from marital bond.

Financial crisis is the most important factor behind family disorganization. When the craving towards drug increases, the addicted person does not think about his limited source for income or need for money for future. He spends money lavishly. Despite all the dire consequences, they use drugs regularly on one excuse or the other. They are not even concerned about the emotional responses of their wife, children, and parents. Addiction has the highest effect on the family members who are not only indigent but are also victims of mental poverty.

Drug addiction leads to serious interpersonal discord with the family especially the wife. The disturbances in interpersonal and intra-personal relationship will contribute to the addict's, tension, anxiety, and impulsive and emotionally unstable behavior. It is generally said that drug abuser has been a traditional enemy of love and marriage. Many habitual abusers continue their habit just to enjoy themselves and to withdraw from the reality of life. A strong prejudice against drug usage on the part of a husband is a constant cause of friction in the family that leads to divorce or separation. Though emotional abuse, torturous verbal quarrels, physical assaults towards wife are common in addict's families, the wives try to maintain her psychological balance to bring up their children properly. The situations prevailing in the family have a major role in child's behavior formation. Because of the absence of correct parental model and constant violence at home, the child may develop maladaptive behavior or conduct problems. This will add to the wives' tension.

In Pakistani society, women fear divorce for our culture does not accept it. The wives forecast the future effects, like the children's future, fear of living separately etc. Their fear to leave their husbands makes them to decide not to go for divorce. Thus the family legally retains its solidarity but the normal cohesion is completely shaken. There are

circumstances where the wives willingly or unwillingly accept a separated living. The reason varies according to the circumstances. Mothers, when they find that children are subjected to the vagaries of an addicted father, to save their children from the bad effects, often resort to divorce or separation.

To consider these facts, the study aims at comparing certain neurotic features like anxiety and depression in wives of drug abusers by stressing the point that they are also sick as their addicted husbands who need consideration and treatment. By analyzing the previous researches done in this particular area, we could conclude that the degree of vulnerability among the wives of drug abusers differs according to their personality traits, coping behavior and adjustment capacity; yet this area still lacks valuable researches. A glance through the problem which the wives of drug abusers are facing will give a vivid picture of its intensity.

## **Methodology**

### **Research Design**

The present study is descriptive in nature; in order to enhance the description, comparison was made between drug abusers' wives and non-drug abusers' wives.

### **Sample Size**

There was following two study groups:

1. Group A - Wives of drug abusers who are attending the de-addiction centre of Saadat Clinic, Karachi.
2. Group B - Wives of non- drug abusers who are living in the same resident's places of drug abusers.

### **Criteria for Inclusion or Exclusion**

#### **Inclusion Criteria**

For the wives of drug abusers:

Age - 20 and above

Education - Primary and above

Economic status - Lower class, middle class and upper class

#### **Exclusion Criteria**

The wives from both groups who have a history of:

1. Mental retardation
2. Psychiatric illness

3. Serious physical / neurological illness
4. Population below primary level of education

The husbands (both groups) who have a history of:

1. Mental retardation
2. Psychiatric / neurological illness

### **Instrument**

A questionnaire was used to obtain relevant data. Section 'A' was consisted of items regarding subjects' personal details like age, education and occupation of wives, family details like type of family, number of family members and children, economic status, like family income and individual income, property of land, social status owned house or not, recognition at home, religious commitment, involvement in social activities and its effects on them, life situation including coping mechanisms they are using.

Section 'B' Depression scale consists of 50 items, which is not accompanied by standardized interview questions, so that the 'information variance' is uncontrolled and depends upon the interviewer's skill. The criterion variance is controlled as far as possible by the provision of a rough glossary of terms and a description of the meaning of each level of severity where each grade of severity is tried to an objective criterion. But for some items this is not possible and the rater has to decide for himself the meaning of mild and severe.

### **Procedure**

Most of the drug abusers came with their wives for treatment to the de-addiction cum counseling centres in Saadat Clinic, Karachi. The investigators approached each wife individually and explained to her about the intention of their visit, with a questionnaire which contained questions regarding personal data, their degree of anxiety and depression. The investigators used scaling techniques for their study. Each interview took approximately one hour. The data collection was completed between November 2012 and January 2013. Most of them co-operated very well. To get wives of non- drug abusers, the investigators approached social workers and counselors from the same clinic and got the samples. All the data were collected only after a close examination of samples on exclusion and inclusion criteria. Hundred (100) wives from each group were selected on a random basis using random numbers. Sample selection was purposive in nature. Wives of non- drug abusers were selected from community on the basis of the convenient sampling technique. To gain more relevant and accurate results the investigators had omitted some questions from the standardized form of questionnaire.

## Findings

The following tables give the result of mean value of depression with compared to various socio-economic demographic data between the groups. Means for entire population  $\mu = 22.4850$ , mean for wives of drug abusers = 32.0900 and mean for wives of non-drug abusers 12.8800.

The results of 't' value for both the groups of subjects with respect to depression as taken from Hamilton Depression Scale is summarized in Table 1. The mean and standard deviation scores for wives of drug abusers and thereof non-drug abusers are also given along with their significance level.

**Table 1**  
**Scores on Hamilton Depression Scale**

<b>Groups</b>	<b>Mean</b>	<b>S.D.</b>	<b>'t'</b>	<b>Significance</b>
Wives of drug abusers	32.09	7.4540	15.8787	< .05
Wives of non-drug abusers	12.88	9.4520		

It is observed that 't' value is significant. This shows that the wives of drug abusers and the wives of non-drug abusers differ significantly from each other with respect to depression as administered on Hamilton Depression Scale. It is observed that wives of drug abusers are very depressive when compared to wives of non-drug abusers. This result supports the symptoms such as ideas of guilt, unworthiness and hypochondriacs decreased work efficiency and pessimistic views of future, disturbed sleep, appetite and mood etc., which are common in depressive episode, are commonly reported by the wives of drug abusers than the wives of non-drug abusers.

The following tables give the summary of statistics obtained from a sample of 100 observations from each groups. Analysis variance - two way classifications is used here with groups decided by the elements which are drug abusers and non-drug abusers on one side and one of the socio-economic and demographic variables as the second classification. Since this corresponds to a random effect model, the various sums of squares were calculated through regression. It is done with a purpose of verifying whether there is any difference in the mean depression scores for the different process considered.

**Table 2**  
**Depression Score Vs Age between the Groups**

Source of variation	Sum of squares	DF	Mean squares	F	Significance of F
Between the Groups	17606.445	1	17606.445	241.189	.000
Age	182.646	3	60.882	.834	.477
Two way interaction	145.744	3	48.581	.666	.574
Residual	14015	192	72.999		
<b>Total</b>	<b>32718.555</b>	<b>199</b>	<b>164.415</b>		

Table-2 describes that there is no difference in the degree of depression between wives of drug abusers and non-drug abusers depending upon their different age groups. All these negative developments come to the wives of drug abusers only gradually. That is why the wives of drug abusers show higher depression scores. Problematic situation existing in the family is the major key component in determining or making the wives of drug abusers showing depressive symptoms.

According to increase in age the degree of depression is also increasing. Because when the years go up the duties and responsibilities regarding the family and children are increasing and various changes are coming in the social life as well as in personal and family life. In drug abusers' families, all the other members except addicted husband are in a negative emotional response to the society and the crisis in life makes them unable to move along with the social life changes (Hoffman, 1994). Irresponsible drug dependent husband increases the wives' role. Lifelong multiple role functioning weakens their power of mind. The worries and tensions about future life make them weak mentally and psychologically. Thus they develop depressive symptoms like difficulty in concentration, decreased sleep and appetite, feeling of unworthiness, loneliness etc. They are losing their confidence on them and colorful dreams about future etc.

**Table 3**  
**Depression Score Vs Education between the Groups**

Source of variation	Sum of squares	DF	Mean squares	F	Significance of F
Between the Groups	15557.209	1	15557.209	261.523	.000
Education	2574.199	4	643.550	10.818	.000
Two way interaction	467.395	4	116.849	1.964	.102
Residual	11302.516	190	59.487		
<b>Total</b>	<b>32718.555</b>	<b>199</b>	<b>164.415</b>		

Education level is a strong determinant in depression, though education and depression are not closely related to each other. Educated ones are more aware of the consequences of negative effect on emotions. But if the wives' mind allows, most of them prefer to suppress their emotions so they are trying more than less educated ones, to suppress their emotions. They will try to manage their house with their limitations rather than give publicity to their problematic situations at home. They are more aware of their husband's dependency behavior and that is why they are less anxious (Hoffman, 1995). Since they cannot find out any effective alternative for their problem, they will try to adjust with him. But according to the stressful situations at home the level to suppress their negative emotions or adjustment to the husband's nature may vary. That is why the depression scores in different educational levels between the groups are different (see Table-3).

**Table 4**  
**Depression Score Vs Social Status between the Groups**

Source of variation	Sum of squares	DF	Mean squares	F	Significance of F
Between the Groups	18402.694	1	18402.694	277.073	.000
Social Status	1070.779	2	535.390	8.061	.000
Two way interaction	388.21 1	2	194.105	2.922	.56
Residual	12885.120	194	66.418		
<b>Total</b>	<b>32718.555</b>	<b>199</b>	<b>164.415</b>		

The depression score seems to have different averages for the two groups as well as the different social status groups. But the averages are in the same pattern for different social status levels between the groups.

Table-4 describes that there is a difference in the degree of depression between the wives of drug abusers and non-drug abusers depending upon their different social status levels. Those who belong to upper class will have fewer problems which may arise due to economic crisis and that will be very high in lower class people. But the emotional problems, adjustment problems, and personality disorders etc are very common in all drug abusers' families, but are not related to what social class they belong to. The intensity of the problem will decide the depth of the dreadful situation existing there. The depression is only connected with the inner feelings of an individual who is exposed to a consistently stressful situation (Hoffman, 2002). That is why though depression is very common in the entire addicted families; its intensity is not related to the social status of an individual in comparison to the control groups.

**Table 5**  
**Depression Score Vs Employment status between the Groups**

Source of variation	Sum of squares	DF	Mean squares	F	Significance of F
Between the Groups	17465.079	1	17465.079	260.015	.000
Employment status	585.467	1	585.467	8.716	.004
Two way interaction	593.424	1	593.424	8.835	.003
Residual	13165.219	196	67.169		
<b>Total</b>	<b>32718.555</b>	<b>199</b>	<b>164.415</b>		

Table-5 depicts that there is difference in the degree of depression between the wives of drug abusers and thereof non-drug abusers. Depending upon their employment status, the intensity of depression between the groups is also different.

Employment status is a factor, which gives an individual a good position in the society. The people will respect and give a good special weightage to that category of people. It is a matter of pleasure or remedy for them. But that is not a reason to reduce their emotional imbalance which comes due to their husband's addicted behavior. In every drug abusers family there may be noticeable disturbance in every individual and in their concerned duties and responsibilities, which will disrupt their interpersonal relationships and their smooth social life. If one person is employed or not, she could not mingle with the society because of her shame, fear, anxiety, unsecured feeling, aggressiveness and guilt feelings which arose due to her husband's addicted behavior (Thomas, Farrell & Barnes, 1996). Most of the drug abusers' wives prefer to sit alone. They are restricted in their social activities, because they feel that their mind is not fit for that. But those who belong to good position at job are forced to mingle with the society and practice certain behavioral patterns. By acting in this manner everyday they are getting the power to interact with the society in the proper manner, which reduces their negative feelings for a while and they are getting little relief from their problems and stress at least during their working hours. That is why according to the employment status, the degree of depression is not varying between the groups.

**Table 6**  
**Depression Score Vs Personal Income between the Groups**

Source of variation	Sum of squares	DF	Mean squares	F	Significance of F
Between the Groups	15497.641	1	15497.641	230.821	.000
Personal income	1233.119	4	308.280	4.591	.001
Two way interaction	354.124	4	88.531	1.319	.265
Residual	12756.867	190	67.141		
<b>Total</b>	<b>32718.555</b>	<b>199</b>	<b>164.415</b>		

Table-6 describes that there is a difference in the degree of depression between the wives of drug abusers and non-drug abusers depending upon their personal income level. According to their income level their confidence in managing their family needs varies. Unemployed wives of drug abusers try to get away from the society because of their feelings like guilt, shame, anxiety, frustration, anger etc towards society. They will develop introvert personality characteristics, which makes them difficult to go along with the society freely. When the suppressed emotions are increasing, undesirable behavior patterns, adjustment problems etc. will arise. They will come to feel a sense of emptiness, which will progressively incline them to depression (Warshak, 1992). That is why the depressive scores in different personal income level show differences in both the groups.

**Table 7**  
**Depression Score Vs Status in House between the Groups**

Source of variation	Sum of squares	DF	Mean squares	F	Significance of F
Between the Groups	13588.637	1	13588.637	196.363	.000
Status in House	878.878	2	439.439	6.350	.002
Two way interaction	40.107	2	20.054	.290	.749
Residual	13425.125	194	69.202		
<b>Total</b>	<b>32718.555</b>	<b>199</b>	<b>164.415</b>		

Table-7 describes that there is a difference in the degree of depression between the wives of drug abusers and thereof non-drug abusers depending upon their position in family. The acceptance and consideration one wife is getting from her husband has a role in determining the depth of her emotional disturbances. When the wife feels that her husband is concerned with her personality and emotions, surely it will reflect in her behavior. The position in the house has some role in making the wife of a drug abuser, a depressive person. But differences seen in the degree of depression are not absolutely related to the position in the family; it is more related with the behavior of an addicted husband and its impact on the family life rather than the acceptance the wives are getting in the house. Sufferings of addicted behavior are same in all the families. The consequences of negative behavior are a factor for creating stress (Staton, Leukefeld, & Webster, 2003). But the wives of drug abusers who are getting consideration from their husbands can adjust more than the other group. So we could conclude that the differences in the degree of depression are not closely related to the position of wives in the family.

**Table 8**  
**Depression Score Vs Interest in Social Activities between the Groups**

Source of variation	Sum of squares	DF	Mean squares	F	Significance of F
Between the Groups	17339.511	1	17339.511	250.978	.000
Interest in social activities	93.109	2	46.555	.674	.511
Two way interaction	847.988	2	423.994	6.137	.000
Residual	13403.013	194	69.088		
Total	32718.555	199	164.415		

In the two way analysis of variance considered to test for average depression score in a two dimensional classification with the experimental groups as one dimension and the interest in social activities as another dimension. The following results are obtained. The depression score seem to have different averages for the two groups but have the same average for different levels of interest in social activities. Also the averages are not in the same pattern for & different levels of interest in social activities, between the groups. Table-8 depicts that there is no difference in the degree of depression between both the groups depending upon their level of interest in social work activities.

Booth and Amato (2001) reported that poor home atmosphere, lack of cohesiveness, defective communication pattern, disturbed personality, role confusion, marital instability etc are typical characteristics of a drug abusers family. Because of these the wives will be always in stress, worries and tension. They have no one to share their negative emotions. So they are forced to suppress all these or use various coping strategies. This reflects in their personality and behavior patterns, which results in heightened levels of psychological distress (Cairney, et.al, 2003). But if they could get a chance to work with the society, it will give them a chance to perform their skills and abilities, which were limited with four walls, and that makes them to forget about their negative life events and women for a while.

Active involvement in social work activities has an influence in reducing the wives' depressive nature. But all these depend upon a person's attitude and type of personality and the severity of the problem existing at their home. But the fact is that the wives of drug abusers are not at all interested in any social activities. They have difficulty in facing the society due to the feeling that everyone are joking and laughing at them. They may develop introvert personalities and prefer to sit at home every time by thinking about their tragic life. That is why depression is common in every addicted person's families and it shows difference in the level of depression between the groups.

## Discussion

Anxiety is a dynamic phenomenon which is connected with anticipated fear of punishment and disapproval, withdrawal of love, disruption of interpersonal relationship and isolation or separation. When the anxiety becomes more disturbing it may result in depression.

The wives of drug abusers are always in tension, worry, agony, ambivalence, frustration etc because of the problems in the family due to husbands' behavior. So the wives will always be pre-occupied with their home atmosphere and try to keep away from society. They do not like to share their negative feelings. The self-esteem which enables a person to cope with his/her pain – an essential quality to reduce the anxiety - may be lost to them. Thus gradually they are losing their psychological balance. They start showing anxiety disorders, depression and certain psychopathological behavior.

The result shows that those who are 50 and above in age are very anxious and depressed because of their miserable and stressful life situations. Depression increases with advancement of age. Generally financial problem, problems in job/employment, bad relation with husband and education are the other reasons for their depression and anxiety. People with lower income are more realistic and adjust with their small savings. Hence their anxiety is limited to that extent. The ill treatment of husbands towards their wives ultimately results in disharmony and cause depression. However, they do not express depression symptoms, though income is hardly sufficient to meet both ends in life.

However, good relation with husband is necessary to have a tension free happier life devoid of worries anxiety and depression. Every wife naturally expects high profile happiness, bliss and heaven *on* earth from their respective spouse. If it is not possible that will surely affect her inner feelings and emotions. Anxiety often leads to miserable standards of depression and can finally lead to suicide.

Involvement in social activities can reduce anxiety and depression. Through involving in the social activities one could get a chance to engage themselves in society without any house chores. They get a chance to share their feelings, perform their abilities and skills, understand other people's tragic life events, knowledge about various problems, causes, their rights etc. This gives them better awareness about their present situation. Education is an important role here. Advanced of knowledge reduces wrong beliefs about drug abusers and addiction could be removed.

The result of 't' test and ANOVA also support these findings. When we think of the main reason for anxiety and depression with regard to socioeconomic-demographic data, we could see that education, social status and personal income are the major components behind emotional problems in wives of drug abusers. Bad relation with husbands causes

severe anxiety among wives. Employment status and status in house are major factors in the creation of depression in wives in general.

The consequences of drug dependency of the husband on wives' personality were examined by Moskalnko and Gun's Ko (1994). In their result, borderline psychopathological conditions were diagnosed in women who had long been married to addicted husbands. Hoffman (1993) also showed the deviation on the psychopathic deviance scale and reactions of depression and anxiety in stressful situations, by wives of drug abusers.

Jekielek (1998) studied the family and social background of drug dependent individuals by using Multiple Personality Questionnaire (MPQ) and semi structured interview in 30 wives of drug abusers and 30 wives of non-drug abusers. She found those disrupted family interactions in terms of anger, arguments and verbal and physical fights are more in drug abusers families. Along with this both overt and covert forms of hostility are also seen. As seen on MPQ test the anxiety, depression, mania, paranoia, schizophrenia and psychopathic deviate are more common among wives of drug dependent individuals than among the wives of normal.

A study conducted by Judith, et al (1993), the wives of drug abusers scored closer to the sample of depressed women than a community sample, on measures of physical and mental health, depressed mood and smoking symptoms. This same result was obtained in Ino, A. et al (1993) study about the wives of drug abusers. They found that though the employed wives of drug abusers reported minimal negative impact of their husband's drug dependency on all areas of their work functioning with a small subset indicating impairment attributable to the addiction, they also have depressive symptoms.

The association between depression and the quality of marital life was accounted for by the degree of marital distress, and the quality of non-familial social interaction was not related to the co-occurrence of marital stress and depression (Donna and Sandra, 1996). One of the main reasons behind heightened level of anxiety in wives of drug abusers is their interpersonal conflicts, wherein they do not allow themselves to experience the dominant emotions of anger to enhance better home atmosphere and that may raise their anxiety stemming from social desirability.

Though the wives of drug abusers are always in anxious situations, the level of anxiety within them is different. Some of them used coping styles to reduce their anxiety. Personality traits also have role in determining the anxiety. As a consequence, the response to the stress related areas are different in person to person. That is why among the wives of drug abusers also anxiety levels are different. Some wives prefer to avoid stress-related information to minimize the experience of emotional arousal. Some others are concerned with reducing uncertainty in threat situations. They are not trying to

engage in external instrumental actions (Miller, Combs and Kruus, 1993). In some other cases the Wives used intra-psychic coping to reduce both the subjective uncertainty and the emotional arousal inherent in a threat situation. Because these goals are incompatible in most situations, they are assumed to show a fluctuating and therefore less efficient coping behavior and become highly anxious (Egloff and Krohne, 1996; Lazarus, 1993).

In the light of present study it could be concluded that general population of lower class, unemployed, middle aged, below undergraduate group with poor relation with husbands are the risk group who needs special attention. They should be taught healthier methods of coping with life crisis in a realistic way to meet frustration and conflicts in life. Similar studies should be undertaken on population and sub- cultures to generalize the results of the present study. Longitudinal studies focused on middle aged group will also be helpful in establishing a specific nature of the emotional and behavioral problems in wives of drug abusers.

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